

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE AND LIFE SAFETY
LIFE SAFETY INSPECTION BUREAU
5700 E. Tudor Road
Anchorage, Alaska 99507
Phone: (907) 269-5637 | Fax: (907) 269-5018
Email: amy.noket@alaska.gov

OFFICIAL USE ONLY

Date Issued _____

Permit # _____

APPLICATION FOR FIRE SYSTEM PERMIT (RENEWAL)
(Authority 13 AAC 50.035)

*Date: _____

Please *print clearly or type* the following information: (*) Required Field

*Applicant **Legal**: First Name, M.I., Last Name, and Suffix

*Date of Birth: MM/DD/YY

*Valid DL Number & *State Issued

*Home Phone Number

Email Address

*Mailing Address (Residential): City, State, and Zip Code

*Business Name (if applicable)

*Business Phone Number

*Business Address: City, State, and Zip Code

CLASS LEVEL(S) OF PERMIT APPLYING FOR:

- | | | |
|-------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> IA | <input type="checkbox"/> IIA | <input type="checkbox"/> IIIA |
| <input type="checkbox"/> IB | <input type="checkbox"/> IIB | <input type="checkbox"/> IIIB |
| <input type="checkbox"/> IB-Special | <input type="checkbox"/> IIC | <input type="checkbox"/> IIIC |
| <input type="checkbox"/> IC | <input type="checkbox"/> IIC-DO | <input type="checkbox"/> IIIC-DO |
| <input type="checkbox"/> IC-DO | | <input type="checkbox"/> IV |

I certify that the information supplied on this application is true and accurate. I agree to perform only those functions on fire systems allowed by this permit. (See 13 AAC 50.035)

*Applicant Signature

*Date

Presently there is no fee for these permits.

OFFICIAL USE ONLY
DATE RECEIVED IN OFFICE

ALL APPLICATIONS ARE PROCESSED WITHIN 30
BUSINESS DAYS UPON RECEIVING A COMPLETE
PACKET. MISSING INFORMATION WILL DELAY THE
PROCESSING OF YOUR APPLICATION.